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Foster Care Liaison

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Video



Cat Leaping Video

Pep Talk Video



A Pep Talk from Kid President to You

Guidance – MOU – ISDE & IDHW



GUIDANCE FOR
IMPLEMENTATION
OF THE MOU
BETWEEN
IDHW AND ISDE
FOR ESSA





Guidance - MOU - ISDE & IDHW cont.



- I. Purpose
- II. Notification & Identification of Transportation Plan
- III. Funding & Reimbursement
- Appendix 1 Scenarios Guidance for IV E Claims





Message | 👩 securedoc_20180413T220639.html (126 KB)

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CISCO			04/13/2018 10:06:39 PM GMT Message Security: Medium
		7 Help	English (US) ▼
	From:	FosterCareNotices@dhw.idaho.gov	
	To:	- Select One - ▼	
1	Subject:	sendsecure ESSA notification -	
		Submit	
			My address is not listed
CISCO Cisco Registered Envelope Service	lication for iOS	or Android	
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CISCO			04/13/2018 04:06:39 PM MDT Message Security: Medium
		⊘ Help	English (US) ▼
		FosterCareNotices@dhw.idaho.gov jmathews@sde.idaho.gov sendsecure ESSA notification - Forgot password? r me on this computer Personal Security Phrase	Security Phrase Your personal phrase is not enabled on this computer. More info
Use on mobile: install applic	ation for <u>iOS</u> or <u>i</u>	If you experience problems opening to Android	Select a different address his message, try to <u>Open Online</u>
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I-CARE Letter - (1)



CISCO	LARDW F EARL WILLIAM LAND AND AND AND AND AND AND AND AND AND		
Secured Message	Reply ReplyAll Forwa		
From: FosterCareNotices@dhw.idaho.gov To: Schools.org			
Te: MIDDLE SCHOOL			
RE: DOB - DOB - Date of entering foster care placement change -			
The above named child is in the custody of the Idaho Department of Health and Welfare (IDHW). This student is covered by the law have the right to attend and are entitled to transportation to their school of origin.	ne Every Student Succeeds Act. Students covered under the fede		
At this time, the child has been placed with a report cards, IEPs discipline notices, etc., are sent to the foster parent, please forward a copy to the Department at the email add	dress below.		
The Department is committed to ensuring educational stability for students in their care and custody. The student's best interest the following initial determination: The Department received a Court Order Investigation in regards to child due to Sub School where she was attending. Due to safety concerns in the home. Sub was placed into the custody of the Idaho Department placement. Middle School previously and it is where her sibling currently attends. Sub going to be next 30-60 days. It is in the best interest for her to return to Middle School where she privously attended as this is where sidence within the school's district.	osequant to the enrolled child from Middle ent of Health and Welfare and currently resides in a relative fost moving back into the district of MIddle School within in		
If you have any questions or concerns about the initial best interest determination that has been made, please contact me utilizing timeframe. If transportation arrangements are identified as a need to accommodate the initial determination, the process should be a support of the contact me utilizing timeframe.			
Social Workers are responsible for registering all children in the State's custody. Recent legislation allows foster parents to make extracurricular, enrichment, cultural and school activities, such as after school activities and field trips. This includes signing performent, only IDHW personnel and the child's foster parents may pick-up or sign a child out unless other individuals have	ermission slips. Additionally, while a child is in the custody of the		
If you have any questions or concerns, please do not hesitate to contact me at	dhw.Idaho.gov. Thank you for your assistance.		
Sincerely,			
Department of Health and Welfare @dhw.Idaho.gov			
*During the school breaks, a fourteen-calendar day timeframe (unless school resumes within that timeframe) is allotted to prov	ide input into the initial determination.		

CFSGA – Foster Care | 10

I-CARE Letter – (2)



FOR FOSTER CARE LIAISON USE AFTER INITIAL NOTIFICATION, AS WELL AS ONGOING COMMUNICATION BETWEEN THE LIAISON AND THE IDHW SOCIAL WORKER. IF THERE ARE QUESTIONS REGARDING THE INITIAL BEST INTEREST DETERMINATION AND/OR IF TRANSPORTATION ARRANGEMENTS ARE NEEDED, THEN THE FOLLOWING INFORMATION BELOW NEEDS TO BE COMPLETED. IF THERE ARE NO QUESTIONS OR ADDITIONAL TRANSPORTATION ARRANGEMENTS NEEDED, THEN PLEASE DISREGARD THE SECTION BELOW.

Information regarding the best interest determination – further information/considerations (will be applicable if the school's Foster Care Liaison has questions, concerns, or feedback afte the initial best interest determination has been made by the IDHW Social Worker)

Transportation information/considerations/planning (this should include the specifics related to the mode of transportation, person/people transporting if not on the school bus, or other transportation services being utilized when applicable)

Finalized transportation plan ***This must be signed via a typed signature by both parties prior to the implementation of a newly developed transportation plan to keep a student in their school of origin after it has been determined to be in their best interest.

IDHW Social Worker Date

LEA Foster Care Liaison* Date

^{*}As the LEA Foster Care Liaison, I hereby certify that I agree to the plan set forth in this iCARE letter, and that I am authorized by the school district to sign this document.

I-CARE Letter – (3)



*As the LEA Foster Care Liaison, I hereby certify that I agree to the plan set forth in this iCARE letter, and that I am authorized by the school district to sign this document.

NOTICE: THIS ELECTRONIC MESSAGE TRANSMISSION CONTAINS INFORMATION WHICH MAY BE CONFIDENTIAL OR PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL(S) OR ENTITY(IES) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE BE AWARE THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR USE OF THE CONTENTS OF THIS INFORMATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS ELECTRONIC TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER AND DELETE THE COPY YOU RECEIVED.

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Forward

I-CARE Letter - Reply - Add Information

requests.



Welcome imathews

Cancel

Reset

CISCO

REPLY TO ALL RECIPIENTS Reset Cancel imathews@sde.idaho.gov FosterCareNotices@dhw.idaho.gov. @dhw.Idaho.gov, FosterCareNotices@dhw.idaho.gov Subject: RE: sendsecure ESSA notification -Attachments (none) Message: Rich Text -----Original Message: FosterCareNotices@dhw.idaho.gov From: chools.org, jmathews@sde.idaho.gov, @dhw.Idaho.gov, FosterCareNotices@dhw.idaho.gov 04/12/2018 03:22:47 PM MDT Subject: sendsecure ESSA notification MIDDLE SCHOOL Date of entering foster care/placement change -The above named child is in the custody of the Idaho Department of Health and Welfare (IDHW). This student is covered by the Every Student Succeeds Act. Students covered under the federal law have the right to Automatically BCC me on this email. Send me a read receipt when a recipient has opened this email. This option does not quarantee a receipt will be sent; recipient email applications can sometimes block read receipt

Request for IV-E Claim



Request for IV-E Claim

According to the Every Student Succeeds Act (ESSA), "Transportation is a central component of educational stability and may be needed in order to fulfill the requirements that both LEAs and child welfare agencies ensure educational stability for children in foster care; thus, both agencies must collaborate regarding transportation if it is necessary so that a child in foster care may remain in his or her school of origin, consistent with section 475(5)(G)(ii)(I) of the Social Security Act."

"An LEA must ensure that transportation is provided for children in foster care consistent with the procedures developed by the LEA in collaboration with the State or local child welfare agency under section 1112(c)(5)(B) of the ESEA."

the LEA in Collaboration with the State of local child werrare agency under section 1112(c)(3)(b) of the ESEA.				
Student Name:	Click or tap here to enter text.			
Student Date of Birth:	Click or tap here to enter text.			
Home Address:	Click or tap here to enter text.			
School:	Click or tap here to enter text.			
Transportation Start Date:	Click or tap here to enter text.			
Transportation End Date:	Click or tap here to enter text.			
Pick up/drop off address (if different than home address)	Is same as home address: □			
	Click or tap here to enter text.			
Cost Per Mile (per mile/per day)	Click or tap here to enter text.			
How many days are in this billing cycle?	Click or tap here to enter text.			
Total number of miles for AM and PM round trips per one day	Click or tap here to enter text.			

Actual cost LEA is paying Total Round Trip Base Route		Cost of additional route	
		Total Round Trip Additional	Additional Route
		Route	
Miles	Click or tap	Miles	Click or tap here to enter text.
	here to enter		
	text.		
		Total cost per day	\$ Click or tap here to enter text.
		(# of miles X cost per mile)	
		Total cost per billing cycle	\$ Click or tap here to enter text.
		(total cost perday X number of	
		days)	
		TOTAL ADDITIONAL ROUTE COST	\$ Click or tap here to enter text.

The total round trip route (base route and additional route) reflect actual services that have already been provided.

***To be eligible for reimbursement, all fields must be completed. If any of the fields are missing, this information will be considered incomplete. This complete form must be submitted securely via e-mail to fostercarenotices@dhw.idaho.gov along with a copy of the paid invoice.

+1+

By adding my initials, I am acknowledging that a request for federal or state reimbursement has not already been submitted for this mileage/cost. Initials: Click or tap here to enter text.

LEA Responsible for Payment: Click or tap here to enter text.

LEA Dangacantative Cignotural Click as too hard to entar tout

Reimbursement - Title IV-E



The steps for an LEA to receive reimbursement are as follows:

- i. The LEA initially pays for the transportation cost for the student in foster care.
- ii. The LEA provides the IDHW with a copy of the paid invoice with a completed Request for IV-E Claim form submitted to IDHW via e-mail to the fostercarenotices@dhw.idaho.gov inbox in a secure manner. Incomplete documentation will not be eligible for reimbursement.
- iii. The IDHW includes the eligible expenditures along with other Title IV-E expenditures and submits the claim to the U.S. Department of Health and Human Services on a quarterly basis.
- iv. The U.S. Department of Health and Human Services reimburses the Idaho Department of Health & Welfare for the Tile IV-E eligible students. Depending on timing, reimbursement will fall either within the current quarterly claim, or the upcoming quarterly claim.
- v. The IDHW reimburses the LEA for the Title IV-E portion when applicable. Reimbursement to the LEA will be between 90 and 180 days of the claim being submitted by IDHW to the U.S. Department of Health and Human Services.



SAVE DATE OCTOBER 8 - 9, 2018

The Stueckle Sky Center at Boise State University

Questions?



Jill Mathews | Family & Community Engagement Coordinator / Foster Care Liaison

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www.sde.ldaho.gov/federal-programs



Supporting Schools and Students to Achieve